

**Report to the Iowa General Assembly**  
**Access to Obstetrical Care in Iowa**  
**1997Acts, Chapter 197, Section 1, Subsection 18A**

Submitted January 2005 by the  
Iowa Department of Public Health  
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# **Obstetrical and Gynecological Care in Iowa: A Report on Health Care Access**

## **To Iowa Legislature -- Year 2004 Introduction**

This report has been prepared annually in response to a 1997 legislative mandate detailed in the *Iowa Acts 1997 General Assembly*, Chapter 197, Section 1, Subsection 18A. The legislative reference for this report is outlined below.

**NEW SUBSECTION. 18A.** Consult with the Office of Statewide Clinical Education Programs at the University of Iowa College of Medicine and annually submit a report to the general assembly by January 15 verifying the number of physicians in active practice in Iowa by county who are engaged in providing obstetrical care. To the extent data are readily available, the report shall include information concerning the number of deliveries per year by specialty and county, the age of physicians performing deliveries, and the number of current year graduates of the University of Iowa College of Medicine and the University of Osteopathic Medicine and Health Sciences entering into residency programs in obstetrics, gynecology, and family practice. The report may include additional data relating to access to obstetrical services that may be available.

The Bureau of Health Care Access, Iowa Department of Public Health, is unable to comply with the legislative mandate as written above. The bureau has instead attempted to respond to this report with what available data exists. Bureau staff has consulted with the Office of Statewide Clinical Education Programs at the University of Iowa Carver College of Medicine and determined that, to comply with the report criteria, additional funding and staff will be needed to develop and implement a survey that will collect this data. We cannot verify the number of physicians in active practice in Iowa by county who are engaged in providing obstetrical care, nor assess the availability of obstetrical services to the citizens of Iowa by using available data to show the distribution of obstetricians, family medicine physicians and other health care professionals who are able to deliver prenatal and obstetrical services. Since the inception of this report, the Iowa Department of Public Health has endeavored to provide accurate and pertinent data, but has encountered several obstacles.

The data currently tracked may provide an overview of issues, but are not sufficient to answer directly the questions posed in the legislation. Also, the data cannot comprehensively portray the obstetrical and/or gynecological (OB/GYN) access issues facing the citizens of Iowa - particularly those in rural areas. Some examples of current data limitations include the following factors:

- Unavailable county-specific data on health-care professionals currently practicing obstetrics,
- Limited data on physician age;
- Unavailable or insufficient graduation rate and residency location data; and

- Unavailable physician specialty data.

Despite the shortcomings in available data, existing data does cover some of the prenatal and obstetrical care access issues facing Iowans. The following information is available:

- Birth data according to occurrence, location and type of health-care professional delivering the baby;
- Brief description of state demographics;
- General data on health care professionals and institutions; and
- Limited prenatal-care data.

Data sources include the following:

• University of Iowa- College of Medicine, Office of Statewide Clinical Education Programs (OSCEP)
• Iowa Department of Public Health – Bureau of Vital Records and Health Statistics
• Iowa Board of Nursing
• Association of Iowa Hospital and Health Systems
• 2000 U.S. Census of Population

## Demographics

This section is represented by data collected based on urban and rural designations. The criteria for rural and urban has changed and this report shows both the old and new methods of identifying areas. Further explanation follows the data.

*Rural (Old - 89 Counties / New – 79 Counties)*

	Old*			New*		
• Rural area citizens equal approximately	55%	or	1,600,191	47%	or	1,362,732
• Ratio of population to primary care physicians	1814:1			1790:1		
• Women of childbearing age, 15-44	19%	or	309,420	19%	or	257,753
• Ratio of women of childbearing age to primary care physicians	351:1			338:1		
<b>Note:</b> It is unknown how many physicians actually see women for prenatal care or actually deliver babies.						
• Ratio of women of childbearing age to OB/GYN physicians	3543:1			6444:1		

*Urban (Old – 10 MSA / New – 20 MeSA)*

	Old			New		
• Urban area citizens equal approximately	45%	or	1,326,133	53%	or	1,563,592
• Ratio of population to primary care physicians	1556:1			1607:1		
• Women of childbearing age, 15-44	23%	or	301,794	23%	or	353,461
• Ratio of women of childbearing age to primary care physicians	354:1			363:1		

<b>Note:</b> It is unknown how many physicians actually see women for prenatal care or actually deliver babies.			
• Ratio of women of childbearing age to OB/GYN physicians	2405:1		2668:1

*Total*

• According to the 2000 U.S. Census data, Iowa's population is				2,926,324
• Total population to the total number of primary care physicians ratio				1,687:1
• Physicians working full time				1,715
• Physicians working part time				39
• Physician's full-time equivalent (FTE) estimate				1,734.5
• Women of childbearing age, 15-44				611,214
	Old			New
○ Women of childbearing age in rural areas	19%	or	309,420	19% or 257,753
○ Women of childbearing age in urban areas	23%	or	301,794	23% or 353,461
• Ratio of women of childbearing age to family practice and OB/GYN physicians				489:1
• Ratio of women of childbearing age to the total number of OB/GYN physicians				3,543:1

*Other related information*

• Population living at or below 100 percent of the federally set poverty level equals	9%	or	258,008
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*\* Reports previously submitted break data into urban (Metropolitan Statistical Area) and rural (non-Metropolitan Statistical Area) categories defined by the United States Office of Management and Budget (OMB). Metropolitan Statistical Areas (urban), are core areas containing a population nucleus greater than 50,000. Under this definition Iowa had 10 MSA urban areas. In this report the **Old** label will be the accumulation of data under this specific method.*

*The OMB, Bulletin 03-04, June 2003 revised the definition for Metropolitan Statistical Areas (MeSA). The definition was originally published December 27, 2000 by the OMB in the Federal Register (65 FR 82228 – 82238). MeSAs comprise the central county containing the core of population of at least 50,000, plus adjacent outlying counties having a high degree of social and economic integration, as measured through commuting. Under this redefined definition Iowa has 20 MeSAs. In this report the **New** label will be the accumulation of data under this specific method.*

*This report uses both the old and new methods for MSA and MeSA to transition this report into the new reporting system and offer comparison for previous years.*

## Provider Information

For the purposes of this count, primary care means all family practice, general internal medicine, general pediatric, non-family practice-doing family practice and OB/GYN physicians. The data do not count physicians categorized as sub-specialists, federal physicians, medical administration, research, state institution, teaching positions or urgent care.

### *Rural (Old - 89 Counties / New – 79 Counties)*

• OB/GYN Physicians:	Old	New
○ Number working full-time	47	40
○ Number working part-time	0	0
○ Number of full-time equivalent positions	47 FTE	40 FTE
○ Average age is	47 Years	47 Years
• Family Practice Physicians:		
○ Number working full-time	646	565
○ Number working part-time	12	10
○ Number of full-time equivalent positions	652 FTE	570 FTE
○ Average age is	47 Years	47 Years
• Primary Care Physicians:		
○ Number working full-time	874	755
○ Number working part-time	16	13
○ Number of full-time equivalent positions	882 FTE	761.5 FTE
○ Average age is	48 Years	47 Years

### *Urban (Old – 10 MSA / New – 20 MeSA)*

• OB/GYN Physicians:	Old	New
○ Number working full-time	125	132
○ Number working part-time	1	1
○ Number of full-time equivalent positions	125.5 FTE	132.5 FTE
○ Average age is	47 Years	46 Years
• Family Practice Physicians:		
○ Number working full-time	420	501
○ Number working part-time	13	15
○ Number of full-time equivalent positions	426.5 FTE	508.5 FTE
○ Average age is	46 Years	46 Years
• Primary Care Physicians:		
○ Number working full-time	841	960
○ Number working part-time	23	26
○ Number of full-time equivalent positions	852.5 FTE	973 FTE
○ Average age is	46 Years	46 Years

### *Total*

• OB/GYN Physicians:	
○ Number working full-time	172

○ Number working part-time	1
○ Number of full-time equivalent positions	172.5 FTE
○ Average age is	47 Years

• Family Practice Physicians:

○ Number working full-time	1066
○ Number working part-time	25
○ Number of full-time equivalent positions	1078.5 FTE
○ Average age is	47 Years

• Primary Care Physicians:

○ Number working full-time	1715
○ Number working part-time	39
○ Number of full-time equivalent positions	1734.5 FTE
○ Average age is	47 Years

*Other*

• Number of certified nurse midwives per the Iowa Board of Nursing	70
• Number of estimated OB/GYN nurse practitioners (Iowa Board of Nursing)	151

**Note:** Licenses show Advanced Registered Nurse Practitioners have OB/GYN training but do not specify if they are practicing.

The OB/GYN maps included at the end of this document show the number of OB/GYN full-time equivalent (FTE) positions in each county. Map-1 shows the *Old* method with 10 MSAs and Map-2 shows the *New* method with 20 MeSAs. It should be noted, however, that The University of Iowa Hospitals and Clinics' OB/GYN physicians are not included in this data set due to their teaching and research roles. Therefore, the numbers for Johnson County may appear low. If it were possible to isolate the FTE position time spent seeing patients, the FTE number would likely increase for that county. However, this information is not available and is excluded to avoid biased reporting.

### Total Births by Attendant

*2003 Iowa births are by occurrence regardless of residence (includes residents of other states.)*

Total Births by all Attendants	38,401	100.0 %
Physician (MD)	29,000	77.5 %
Physician (DO)	6,790	17.7 %
Certified Nurse Midwife	2,234	5.8 %
Other Midwife	118	0.3 %
Other	259	0.7 %
Not Classifiable	0	0.0 %

Data to indicate which specialty degrees were held by the involved physicians are unavailable. Additionally, data are not available at this time to determine if the health care professionals provided prenatal and obstetrical care. The age of the physicians delivering births is also unavailable because it is unknown which physicians actually provided each specific delivery.

## Total Births By Birth Settings Iowa - 2003

Place	Number
Total	38,401
Hospital setting	38,073
In-home setting	328

	Old	%	New	%
Rural hospitals	11,521	30	12,951	34
Urban hospitals	26,880	70	25,450	66

## Hospital and Health Facility Information Iowa - 2003

• Number of all Iowa Hospitals excluding Veterans Administration, December 31, 2004	116		
	Old		New
• Hospitals in rural (non-metropolitan statistical area) areas	94		83
○ Number of rural referral hospitals	7		6
○ Number of Critical Access Hospitals, CAHs	65		55
○ Number that reported at least one delivery in 2003	72		68
• Hospitals in urban areas	22		33
○ Number that reported at least one delivery in 2003	19		25

## Obstetrical Health Care Provider Trends, Iowa - 2000-2004

	2004	2003	2002	2001	2000
OB / OB/GYN FTEs	172.5	174.5	180.5	173	164.5
Family Practice FTEs	1078.5	1060.5	1088.5	1,059	1,042
Certified Nurse Midwives FTEs	70	60	60	12/58*	10
Ratio of women of child-bearing age to primary care physicians	352:1	358:1	350:1	**	488.5

\*Database used in previous years from the Office of Statewide Clinical Education Programs survey indicates 12 CN Midwives. However, Iowa Board of Nursing data show 58 are licensed and trained in this area.

\*\*Unable to calculate due to unavailability of 2001 population estimates.

## Conclusions

There continues to be insufficient data to respond completely to the information requested by the Iowa Legislature. After continued consulting with existing agencies providing physician data, it was determined that an annual health care professional survey is needed to determine such factors as:

- Scope of practice of health care providers,
- Area covered geographically by each practice,
- Number of hospital facilities used for deliveries, and
- Information on prenatal and obstetrical health-care access that is more detailed.

The issue of access to prenatal and obstetrical health care has become difficult to deal with beyond the need to report on the impact of tort reform on the availability of these services. This is due, in part, to lack of data and to the growing use of physician assistants and nurse practitioners for provision of basic obstetrical care. A survey would provide both the basic information needed to track the impact of tort reform as well as information on such additional issues as:

- Coverage under Medicaid for non-insured patients,
- Issues related to the financial viability of obstetrical practice in rural areas,
- Issues of concern to physicians such as being on call,
- Analysis of liability insurance coverage costs, and
- Information on birthing facilities in rural hospitals.

Currently, data must be compiled from many data sets, making it difficult to control for consistency across variables. Existing agencies that could provide the data do not currently have either the capacity or the intention to develop services in this area.

- The Iowa Department of Public Health met with agencies to determine how the problems of data collection can be remedied. In the 2000 annual report to the General Assembly on access to obstetrical care, it was recommended that if more accurate data were wanted, additional funds would need to be secured annually to pay for a survey. At that time the University of Iowa, Office of State Wide Clinical Education Programs estimated that the lead time needed to implement a survey in 2001 would mean the earliest available report would be for the calendar year 2002. The bureau has not received any responses or direction from the previous year's report. No new action has been taken, and the Office of Statewide Clinical Education Programs continues to be informed of this report as mandated in the legislation.

The Bureau of Health Care Access, Iowa Department of Public Health, requests once again that the members of the Legislature review this mandated report and determine one of the following actions:

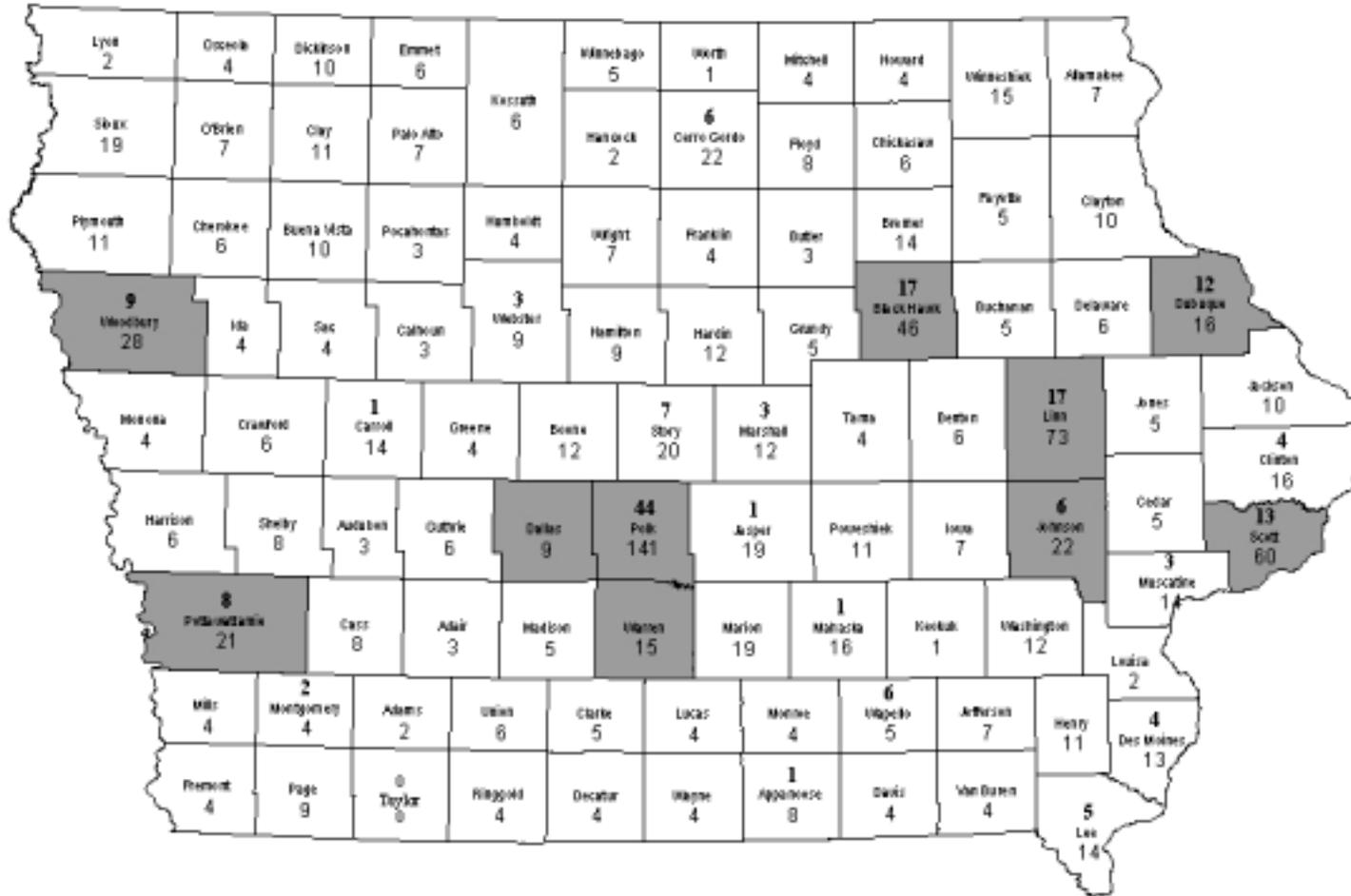
- Continue the report as submitted,
- Allocate additional funding to generate the additional data needed to complete the report as mandated, or
- Remove the report from the current legislation if it is deemed unnecessary.

The Iowa Department of Public Health is not authorized to discontinue this report or undertake a new survey without further direction or funding. Additional information may be covered or questions asked by contacting:

Doreen Chamberlin, MPH, RD, Bureau Chief, Bureau of Health Care Access, Iowa Department of Public Health, 321 East 12<sup>th</sup> Street, Lucas State Office Building, 5<sup>th</sup> Floor SE, Des Moines, Iowa 50319 or call 515-242-6383.

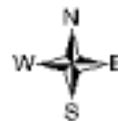
# OB/GYN Report 2004

Old Method (Pre-June 2004)



**LEGEND**

-  Iowa State & County Boundaries
-  Metropolitan Statistical Area, MSA
-  Rural Counties
- Upper Number** OB/GYN Providers
- Lower Number** Family Practice Providers



**PREPARED BY**

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